

### STATE OF NEW HAMPSHIRE

### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 24 2019

PLEASE PRINT

NEW HAMPSHIRE

DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Frank Guinta			•	OF S
II. Name of lobbyist	's partnership, firm o	corporation, if	any:		
ML Strategies, LLC					
(Na	me of partnership, firm or	corporation)	·		
701 Ponnsylvania Ave NW		Washington		DC	20004
Jusiness Address: (Si	treet)	(Town/City)		(State)	(Zip Code)
) 202-434-7300	(	) 202-434-7400	c-	mail fcguinta@n	nistrategies.com
(Telephone)	<u></u> ,	(Fax			
cportable expense t	overs: (Choose one - f ransactions which are nsactions occurring in the	not attributable	to any one clie	ent).	ny file a separate report (
st Alliance Lending	2				e to to the chart.
Day and the Lottering	(Full Name of Client as	it appears on the Lo	obbyist Registrat	ion Form)	
<u> PR</u>			-	·	
All reportable trans prelated to any partic	sactions by the lobbyist rular client.	(including the lot	bbyist's family)	, or the lobbying	g firm listed below which a
IV. Date of Report April 24, 2019			July 31, 2019 🔲		
Reports cover: activity from date of registr		tion to 3/31/19 activity from 4/1/19 to 6/30/19			
	October 30, 2019     activity from 7/1/19 to 9/2			ry 29, 2020 🗀 1 <i>0/1/19 (n 12/31/</i>	719
7. There have been this box is checked, of oncord, NH 03301.	no fees received an complete just this form	d no reportable and submit it to the	e transactions he Secretary of	s made since tl State's Office, S	he last report. [] iaie House, Room 204,
I Check if addition	al reports are attached	d.			
	ed fees or made expend		ilc Addendum	A Feet and Ex	rnencar
	n honorarium or reimbi				•
		e political contrib	utions, you mus	st file Addendui	m C Political Contribution
hate read RSA 15, R. ndreomplete to the half		d RSA 664 and he I belief.	ercby swear or 4/22/1	•	oregoing information is tru
rank Guinta		<del>-</del>			
Print Name of lobbyi:	SI)				

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## STATE OF NEW HAMPSHIRE

# Lobbyists Fccs and Expenses Addendum A

(RSA Chapter 15:6)

M. C	
ML Strategies, LLC (Name of partnership, firm or corporation)	<del></del>
III. Name of Client 1st Alliance Lending	Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations servi
a) Total of all fees received in this reporting period	a) \$ 7,500.00
b) Total of all fees received this culendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 0.00 ear)
c) Total of all fees received to date	
(Add lines a and b)	c) \$ 7,500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) § 7.500.00
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repleces. Separate reports are to be filed for expenditures made relative to each othe lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example funch where the cost was \$25.00 or less, purchase of a per with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reported purpose not covered by (a) (for example: purchase of a meal with value erremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fi e aggregate total of all expenses properties; (b) the aggregate total of le: meals purchased during a busing as than \$10 that is given to the per- ed with a value of \$25.00 or less); a orting period of greater than \$25.00 are of greater than \$25, purchase of than \$25, but not greater than \$25, expense reimbursement, or politic
t) Total aggregate expenses for this reporting period for salaries, benefits. Support stuff, and office expenses, related directly or indirectly to lobbying.  5) Total aggregate of expenditures during this reporting period, not reported	a) \$ <u>0.00</u>
n a). of \$25 or less.	p) \$ 0.00
Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$ <u>0.00</u>
f) Total of all expenses year to date	n s <u>0.00</u>
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
Fran Munt	4/22/19
(Signature of lobbyist)	(Date)
Frank Guinta	
(Print Name of lubbyist)	

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# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Incom	ic and Expenses for:		
		oration: ML Strategies, LLC	<del></del>
particular client): 1st A		or the partnership, firm, or	corporation and not related to any
Date of Report (check	ane):		
April 24, 2019 🛭	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 🗇
I have read RSA 15, F the following Addendi submitted):	RSA 15-B, RSA 664, thums submitted with the	ne Statement of Income an at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being
x Addendum A(	s).		
Addendum B(s	s).		
Addendum C(s	s).		
I hereby swear or affir complete to the best of	m that the foregoing int my knowledge and beli	formation on the Statementicf.	it and each Addendum is true and
(Signature of lobbyist)	1 word		(Date)
Frank Guinta		<del>_</del> ,	
(Print Name of lobbyis	r)		